

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10474 CERTIFICATE OF DEATH 10467

1. PLACE OF DEATH a. COUNTY Queen Annes b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crumpton c. LENGTH OF STAY IN Id 17-1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Queen Annes c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crumpton. Rural d. STREET ADDRESS 17-1 e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last FRANK J. CONVER		4. DATE OF DEATH Month Day Year July 22, 1966								
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1888	9. AGE (in years last birthday) 77 yrs.	IF FUNOER 1 YEAR Months Days Hours Min.	IF FUNOER 24 HRS. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming.		11. BIRTHPLACE (County & State, or foreign country) Phila. Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Joseph Conver.		14. MOTHER'S MAIDEN NAME unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No.			16. SOCIAL SECURITY NO. 211-16-3930A	17. INFORMANT Mrs. Sara E. Conver,	Address Millington, Md. R.D.Box 56	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease 4221 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) MYOCARDIAL DECOMPENSATION DUE TO (c) PULMONARY EDEMA							INTERVAL BETWEEN ONSET AND DEATH YEARS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE SECOND CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)				
21. I certify that (I) (this hospital) attended the deceased from MAY , 1964, to July , 1966, that (I) was last saw the deceased alive on 7 July 1966, and that death occurred at 9:30 AM , from the causes and on the date stated above.							22a. SIGNATURE Harry P. Ross		22b. DATE SIGNED 7-22-66	
22c. PHYSICIAN'S NAME (Type) Harry P. Ross, M.D.		M.O. Chestertown, Md. 21620		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July, 25, 1966		23c. NAME OF CEMETERY OR CREMATORY Crumpton Cemetery		23d. LOCATION (City, town or county) (State) Crumpton, Q.A.Co; Md.				
24. FUNERAL DIRECTOR Edward Fellows, Millington, Md.		ADDRESS		25a. REC'D BY REGISTRAR DATE JUL 26 1966		25b. REGISTRAR'S SIGNATURE Charles Judge				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNES</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>QUEEN ANNES</u>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Chester</u>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Chester</u>	
c. LENGTH OF STAY IN 1b <u>at her L.F.E.</u>		d. STREET ADDRESS <u>17-1</u>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>MARY Elizabeth Kersey</u>		4. DATE OF DEATH <u>July 2 1966</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 6, 1897</u>	
9. AGE (In years last birthday) <u>68</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (County & State, or foreign country) <u>Stevensville, D.A.C., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY Collier</u>		14. MOTHER'S MAIDEN NAME <u>Emily Catherine Porter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes give war or dates of service)		16. SOCIAL SECURITY NO. <u>218-20-5814-T</u>	
17. INFORMANT <u>Mrs. Thomas R. Price, Chester, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic menia</u> <u>442X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO (b) <u>nephro-sclerosis</u> DUE TO (c) <u>hypertensive arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>about 2 years</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Carcinoma left breast removed 13 years ago medical treatment</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>1 year</u>	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>May 10, 1952</u> to <u>July 2nd</u> , 1966, that (I) (we) last saw the deceased alive on <u>July 2</u> , 1966, and that death occurred at <u>10⁴⁰</u> M, from the causes and on the date stated above.			
22a. SIGNATURE <u>Theodor Sattelmaier</u>		22b. DATE SIGNED <u>July 3, 1966</u>	
22c. PHYSICIAN'S NAME (Type) <u>THEODOR SATTELMAIER</u>		22d. ADDRESS <u>STEVENSVILLE, MARYLAND</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>July 2, 1966</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>STEVENSVILLE CEMETERY</u>		23d. LOCATION (City, town or county) (State) <u>STEVENSVILLE, MARYLAND</u>	
24. FUNERAL DIRECTOR <u>James H. Butler Jr., Butler Bros. Centerville, Md.</u>		25a. REC'D BY REGISTRAR <u>Charles Judge</u>	
ADDRESS		25b. REGISTRAR'S SIGNATURE	
DATE <u>JUL 6 1966</u>			

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
CERTIFICATE OF DEATH									
1. PLACE OF DEATH a. COUNTY Queen Annes MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Kent				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Millington					c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Near Massey				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					d. STREET ADDRESS				
3. NAME OF DECEASED (Type or print) Serge Sergie Tkach					4. DATE OF DEATH Month July Day 4 Year 19 66				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 24, 1895		9. AGE (In years last birthday) 70 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor				10b. KIND OF BUSINESS OR INDUSTRY Farming.		11. BIRTHPLACE (County & State, or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? 1 st. Papers	
13. FATHER'S NAME Unknown					14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown			16. SOCIAL SECURITY NO. 215-20-4704A		17. INFORMANT Address Charles Mason, 1740 Fleet St; Balt. Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4221 Cerebral Hypoxia DUE TO Chronic Tumor Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic Tumor DUE TO Pneumonia (c) Pneumonia								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMANENT DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 240 Smile						
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from June 2, 1966 to July 4, 1966 , that (I) (we) last saw the deceased alive on June 2, 1966 , and that death occurred at 5 PM , from the causes and on the date stated above.									
22a. SIGNATURE C.H. Metcalfe					M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 7/5/1966		
22c. PHYSICIAN'S NAME (Type) C.H. Metcalfe, M.D.					22d. ADDRESS Sudlersville, Md. 21668				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF July 7, 1966		23c. NAME OF CEMETERY OR CREMATORY Holy Trinity Orthodox Cem. Elkridge,		23d. LOCATION (City, town or county) (State) Md.		
24. FUNERAL DIRECTOR Edward Fellows, Millington, Md.					25a. REC'D BY REGISTRAR John J. Judge				
25b. REGISTRAR'S SIGNATURE John J. Judge					DATE JUL 7 1966				

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CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY Queen Anne's MARYLAND						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Queen Anne's					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sudlersville				c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sudlersville					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LIDA KENNY WALLEN			First Middle Last			4. DATE OF DEATH July 31, 19 66			Month Day Year		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 30, 1880		9. AGE (In years last birthday) 86 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (County & State, or foreign country) Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Richard M. Leager						14. MOTHER'S MAIDEN NAME Annie Scotten					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No.				16. SOCIAL SECURITY NO. 214-03-5002		17. INFORMANT Mrs. Rena Coleman, Sudlersville, Md. 21668					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Ovarian Dilatation 4221 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic myometrial DUE TO (c) Genital Carcinoma Scirrhus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Unknown								INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) no							
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 66		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that (I) (this hospital) attended the deceased from July 29, 1966 to July 31, 1966 that (I) (we) last saw the deceased alive on July 31, 1966 , and that death occurred at 1:00 P.M. from the causes and on the date stated above.											
22a. SIGNATURE C.H. Metcalfe, M.D.						22b. DATE SIGNED 8/1/66		22c. PHYSICIAN'S NAME (Type)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF Aug. 3, 1966		23c. NAME OF CEMETERY OR CREMATORY Millington Cemetery.		23d. LOCATION (City, town or county) (State) Millington, Kent Co; Md.			
24. FUNERAL DIRECTOR Edward Fellows, Millington, Md.						25a. REC'D BY REGISTRAR DATE AUG 3 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			

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814-02-2002 Mrs. Mary Coleman, 5011 11th St., N.E., Minneapolis, Minn. 55412

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